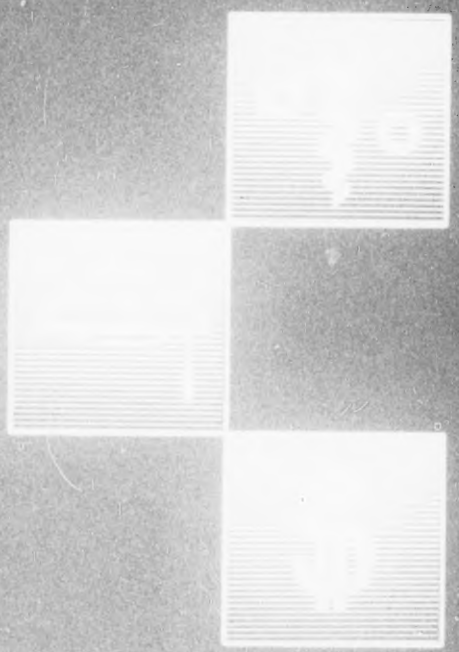
# Debts and Career Plans of Osteopathic Medical Students in 1990



American Association of Colleges of Osteopathic Medicine

# Debts and Career Plans of Osteopathic Medical Students in 1990

**American Association of Colleges of Osteopathic Medicine**

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May 1991

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## Executive Summary

Debts of osteopathic medical students continue to soar, causing enormous concern for aspiring osteopathic physicians (D.O.) and their families. In fact, these debts are now high on the agenda of policymakers and medical educators. Since 1983, the indebtedness of seniors in osteopathic medical schools has increased at almost 13 percent per year, reaching an average $71,500 per student in 1990. Very few students emerge from medical school free of debt, and increasing numbers are saddled with debts of more than $100,000. More than a quarter of the seniors in 1990 graduated with debts exceeding that amount, compared to 20 percent in 1989.

These findings are culled from the ninth in an annual series of surveys of seniors and freshmen in osteopathic medical schools conducted by the American Association of Colleges of Osteopathic Medicine. This latest survey is for the 1989-90 academic year and includes responses from 1,540 seniors and 390 freshmen in the 15 osteopathic medical schools. More details about this year's survey are included at the end of this report.

Most of the debt accumulated by these students occurred during osteopathic medical school. More than 94 percent of the educational debt owed by seniors in the most recent survey was incurred to finance their osteopathic medical education, up from 90 percent reported in 1989.

Freshmen in 1989 entered osteopathic medical school owing an average $5,300 for their undergraduate college education, but expect to owe $68,800 when they graduate in 1993. While more than 40 percent of freshmen were debt-free upon entrance to osteopathic medical school, only 7 percent expect to be debt-free at graduation.

The amount of indebtedness appears to be related to a number of socio-economic factors:

Ethnicity - Asian students averaged the least debt at graduation ($60,000), followed by white students ($71,000), and under-represented minorities (defined as Black, Hispanic, or American Indian/Alaskan Native), who owed an average $76,200.

Marital Status - Among seniors, there was no essential difference in the amount of debt owed by married or unmarried students. Married freshmen, however, expected to owe about 16 percent more at graduation than unmarried freshmen.

Gender - About 72 percent of the seniors were men, and their debts averaged about $5,000 more than women.

Age - Older students generally owed more. Seniors over age 35 owed $75,000; those under 25 owed $67,700. The average age of seniors in the survey was 29.

Parental Support - In general, students from families with more education and income incurred less debt. For example, the debt of seniors whose parental income was under $20,000 had twice as much debt as those whose parental income was more than $100,000. Financial dependence also makes a big difference. Seniors who were dependent on their parents incurred much lower debts than those who were independent. About 80 percent of seniors were financially independent.

Scholarships and Grants - Thirty-five percent of seniors received some scholarship funds during osteopathic medical school. These averaged $17,500 per grant, and enabled the recipients to avoid a substantial amount of borrowing — those with more than $10,000 in scholarships borrowed about $14,000 less than those with no scholarship aid.

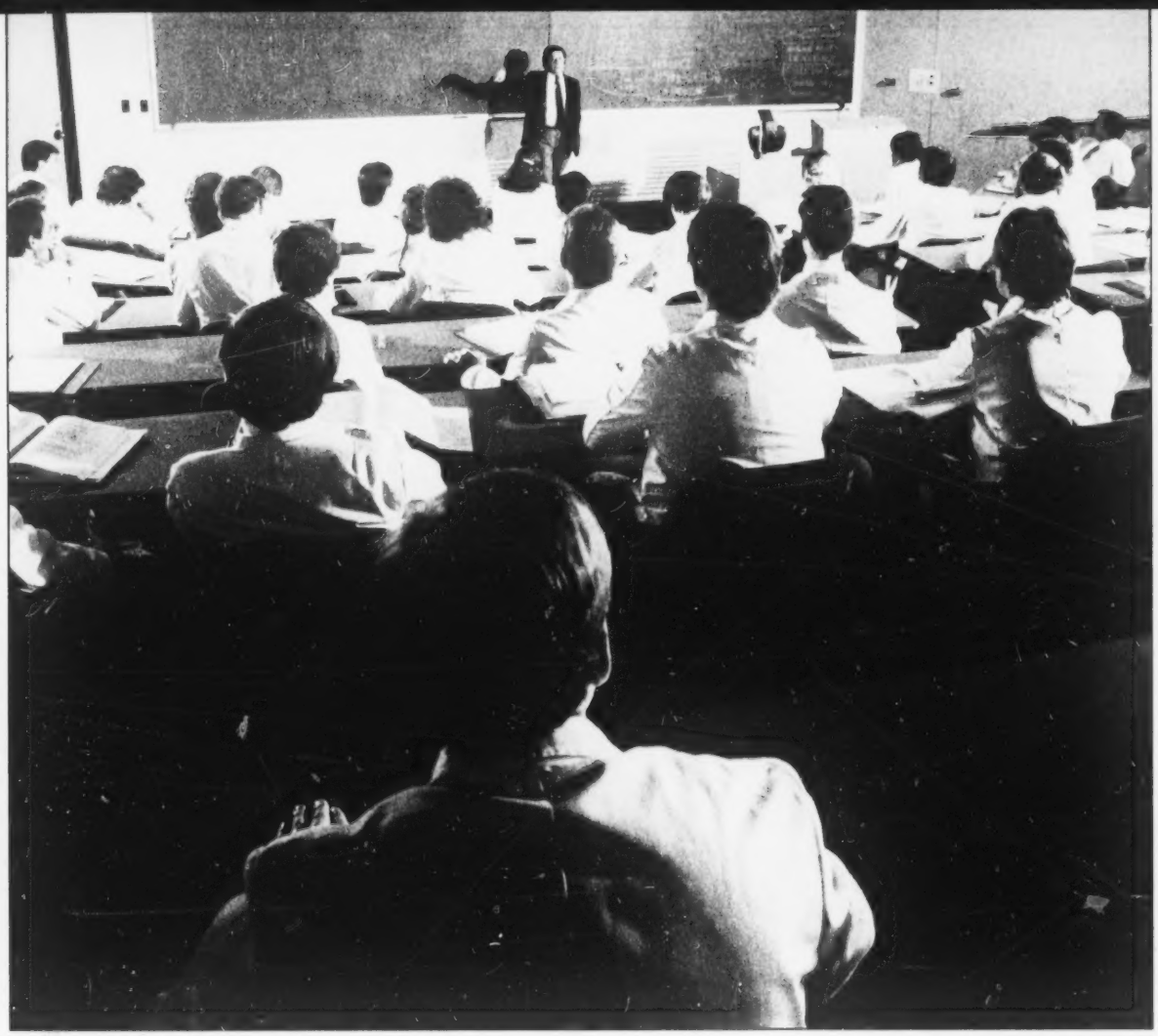


Photo courtesy of Texas College of Osteopathic Medicine

Practically all seniors plan to enter a residency after internship and expect to spend at least three years in graduate training programs. More than 40 percent of seniors and 39 percent of freshmen plan to practice in primary care specialties, and of those, general practice is the preferred specialty.

The impact of debt on specialty choice is somewhat difficult to assess from this survey. Although most students said a heavy debt load did not affect their specialty choice, the survey showed that debt was one of several factors — including expected starting income and marital status — which relate to their decisions to choose a primary or non-primary care specialty. Higher debt was associated with the non-primary care choice. There appears to be a connection between debt, expected income, and preferred practice area that bears on the specialty choice decision in a complex way, and this issue will be studied more deeply in future surveys.

A much clearer relationship exists between debt and preferred practice location. About a third of the seniors said a heavy debt load influenced their planned location. About two-thirds of those burdened by high debt would have preferred to locate in a city or town smaller than the one they chose. Their responses also reveal a connection between the size of a student's hometown and their practice location preference. There was a strong tendency for seniors from small towns, rural areas and large cities to want to establish a practice in similar communities.

# I. Indebtedness and Socio-Economic Background

## Osteopathic Medical School: Student Indebtedness

Debts incurred in osteopathic medical school have become a larger part of students' total debt burden. For seniors in 1990, osteopathic medical school accounted for more than 94 percent of their total educational indebtedness, up from about 90 percent in 1989. The balance was incurred during their undergraduate education.

The debt burden for osteopathic medical students continues to mount. This year the average educational debt of seniors reached $71,500 (see Chart 1), an increase of almost 8 percent from last year, and the highest level reached since this survey began in 1982. More than a quarter of the seniors owed more than $100,000, and only 5 percent were debt-free. Educational debt of osteopathic medical students has been rising at an average rate of about 13 percent per year since the early 1980s.

Freshmen in 1989-90 may be underestimating the amount they will have to borrow for osteopathic medical school, since they expect to owe less at graduation ($68,800) than the seniors in 1990 actually owed ($71,500).

Many students also accumulated some debt not associated with education, but it was minimal. Excluding home mortgages, these debts averaged about $3,100 per student in 1990. In this report, the data on indebtedness refer only to that portion related to undergraduate college and osteopathic medical education. Additionally, it should be noted that the average debt of $71,500 for seniors is based on all seniors responding to the survey, including those who have incurred no debt. If seniors with no debt are excluded from the computation, the average debt burden increases to $74,900.

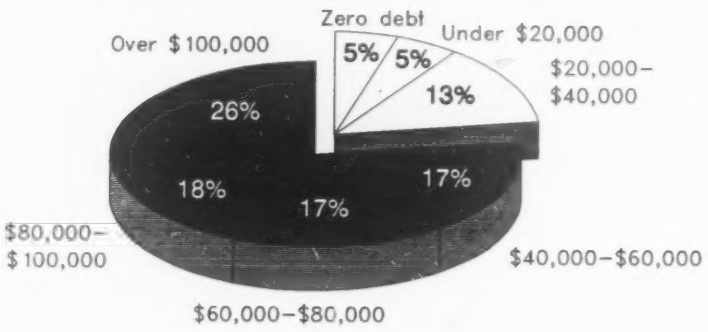
Photo courtesy of Chicago College of Osteopathic Medicine

## Chart 1

# Distribution of Debts at Graduation

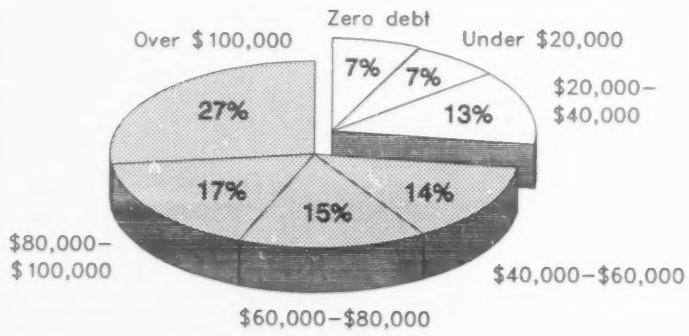
Seventy-eight percent of the 1990 graduates owed $40,000 or more...

### SENIORS




Average debt of all seniors in 1990: $71,500

### FRESHMEN




...eighty-three percent of the freshmen expect to owe at least $40,000 at graduation in 1993.

Average expected debt of all freshmen: $68,800

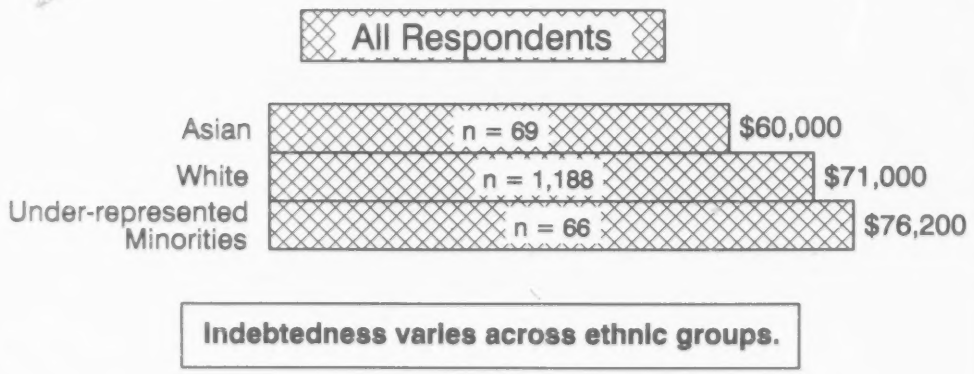
## Debts and Ethnicity

Indebtedness of osteopathic medical students in 1990 appears to be greater for under-represented minorities (Blacks, Hispanics, and American Indians/Alaskan Natives) than for other ethnic groups (Chart 2). For all survey respondents (seniors and freshmen combined), Asians had the lowest average debt ($60,000) per student, followed by whites at $71,000 and under-represented minorities at $76,200.

Seniors and freshmen had quite similar patterns in this survey when arranged by ethnicity, with Asians having the lowest debt and under-represented minorities having the highest. But because of the small number of cases in some groups, the average debt among the groups did not differ significantly. However, when seniors and freshmen are combined, as in Chart 2, a significant pattern shows substantial differences in debt by ethnicity.

**Chart 2**

**Expected Debt at Graduation by Ethnic Group**




**Indebtedness varies across ethnic groups.**

## Debts and Marital Status

There was little difference in the debt carried by married seniors in 1990 and those who were single (Table 1).

The class saw a slight decline from last year in the number of married seniors: 42 percent as opposed to 46 percent in 1989. Married seniors owed $72,100 while their single classmates owed $71,000. Only three percent of the married seniors and six percent of the unmarried seniors graduated with no educational debt. At the other extreme, 25 percent of the married seniors and 27 percent of those unmarried owed more than $100,000 at graduation!

Thirty percent of the freshmen class were married and expect to owe $10,000 more at graduation than those who remain single; an average of $76,200 versus $65,600. Only three percent of the married freshmen expect to be free of debt at graduation compared to almost nine percent of their single classmates. In fact, 31 percent of married freshmen and 25 percent of those unmarried expect to owe more than $100,000 when they graduate.

**Table 1**
**Distribution of Expected Debt at Graduation by Marital Status**

| Expected Debt | Seniors | | | Freshmen | | |
|---|---|---|---|---|---|---|
| | Married | Unmarried | Total | Married | Unmarried | Total |
| 0 | 3% | 5% | 5% | 3% | 8% | 7% |
| Under $20,000 | 5% | 5% | 5% | 8% | 6% | 7% |
| $20,000-$40,000 | 13% | 13% | 13% | 9% | 15% | 13% |
| $40,000-$60,000 | 17% | 18% | 18% | 14% | 14% | 14% |
| $60,000-$80,000 | 20% | 14% | 16% | 13% | 16% | 15% |
| $80,000-$100,000 | 17% | 18% | 18% | 21% | 15% | 17% |
| Over $100,000 | 25% | 27% | 26% | 31% | 25% | 27% |
| **Average Debt** | **$72,100** | **$71,100** | **$71,500** | **$76,200** | **$65,600** | **$68,800** |

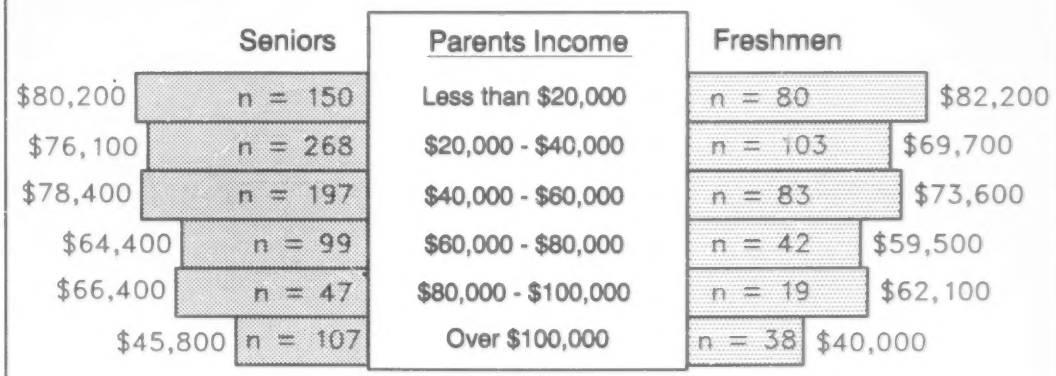
## Debt by Sex and Age Groups

About 72 percent of seniors in the academic year 1989-90 were men and 33 percent of the freshmen were women. In general, the men had higher debts than women, and older seniors had higher debts than younger ones. The average debt for male seniors was $72,900 per student compared to $67,800 for female seniors. Few seniors escaped without debt. About 96 percent of male seniors and 94 percent of female seniors had some educational debt at graduation.

Seniors ranged in age from 23 to 52, and the average age was just over 29. The younger graduates — those between 20 and 25 — owed an average $67,700, while those over 35 owed an average $75,000.

### Chart 3

**Expected Debt at Graduation by Parents Income**




**Students from families with higher incomes tend to borrow less for medical education.**

## Debts and Parental Education and Income

As might be expected, there is a connection between the amount of debt incurred by the students and the levels of both education and income attained by their parents.

### Parents' Education

Almost 16 percent of the seniors had fathers in the health professions while more than 11 percent had mothers in the health professions. For fathers, the majority were in medicine; for mothers, the majority were in nursing.

On the other hand, a substantial number of seniors came from families with non-professional backgrounds. Almost half the seniors came from families where the father was not a college graduate. For those seniors, the average debt generally was higher than for those whose fathers were professionals. For example, the average debt of seniors whose fathers were in medicine was $51,000 compared to an average $78,000 for those whose fathers completed only high school.

### Parents' Income

Those students from higher income families generally have fewer debts when they begin medical school and when they graduate (Chart 3). For seniors from the lowest parental income strata (under $20,000), their average debt was more than $80,000 — almost double the debt of seniors whose families have incomes over $100,000.

A similar pattern prevails among freshmen, whose expected debt at graduation ranged from more than $82,000 at the lower parental income level, to about $40,000 at the highest.

Clearly, a high proportion of osteopathic medical school students come from families of modest means. Parental incomes of less than $20,000 were reported by more than 17 percent of seniors and almost 22 percent of freshmen. The median parental income was about $40,000 for both seniors and freshmen.

## Financial Independence

An overwhelming majority of students were financially independent from their parents, and for them, the debt burden was generally above average. About 80 percent of seniors in 1990 considered themselves financially independent, and their average debt was $75,100. For the more fortunate ones with parental support, the average debt was only $54,900.

Slightly fewer freshmen (about 78 percent) were financially independent, and their expected debt at graduation was just about the same as the seniors ($74,900). Freshmen who were still dependent expected to graduate with debts averaging only $47,400.

## Scholarships and Grants

About 35 percent of the seniors reported receiving some form of scholarship aid during medical school. These scholarships ranged from $100 to $114,000, with an average of about $17,500. Scholarships provided by the school were the most frequently mentioned source— slightly more than 15 percent of seniors received this type of aid, which averaged $6,394 per grant. State governments provided grants averaging $10,900 to almost 9 percent of seniors. Other scholarships came from the Armed Forces, the National Health Service Corps, and miscellaneous sources.

Quite logically, students with large amounts of scholarship money borrowed less to finance their osteopathic medical education. The average debt of seniors with scholarships totaling more than $10,000 was $57,900 compared to $71,700 for those with no scholarship aid.

More than 26 percent of freshmen reported receiving a scholarship or grant, which ranged from under $400 to $100,000. The average for freshmen was about $21,000 per grant. As with the seniors, the school and the state were the main sources.

## Type of Loan

Almost 94 percent of seniors in 1990 carried some kind of personal loan to finance their osteopathic medical education. The average loan amount was $70,100 and ranged from $500 to more than $230,000. Most students reported loans from multiple sources.

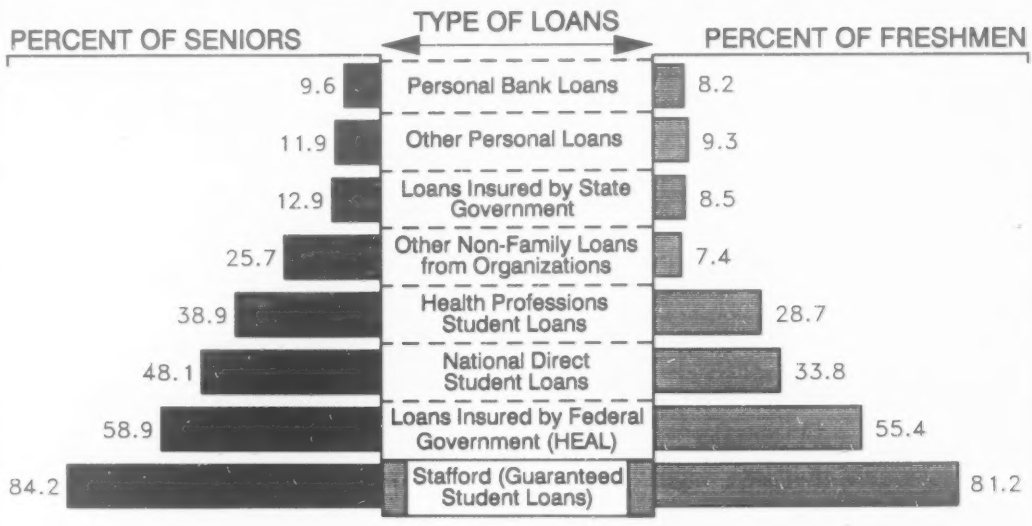
By a large margin, most students who borrowed this money used the Stafford (formerly the Guaranteed Student) Loan (Chart 4). More than 84 percent of the seniors reported borrowing from this source, and the average loan outstanding at graduation was $30,100. The Health Education Assistance Loan (HEAL) program provided loans to almost 59 percent of seniors. The average HEAL loan outstanding was $41,000 — the highest of any source of loans. Some seniors reported cumulative HEAL loans of more than $100,000.

Personal loans from the sources shown in Chart 4 accounted for about 92 percent of all outstanding educational debt of graduating seniors. In addition, many seniors have incurred an obligation to repay loans taken out by their families for educational purposes. This type of debt accounted for about 2 percent of total debt. A third type of educational debt, amounting to about 6 percent of the total, is incurred to pay for undergraduate college education.

For freshmen, the pattern in Chart 4 reflects the amount they expect to borrow to finance their medical education. It would appear that relatively fewer freshmen than seniors plan to borrow from each source, which probably reflects the fact that freshmen expect to owe less at graduation than the 1990 seniors did.

### Chart 4

**Distribution of Borrowers**




**The Stafford (Guaranteed Student Loan) program continues to be the most prevalent source of loans for most students.**

## Loan Repayment

Seniors expect to repay their loans in about 12 years. Of course, there is a correlation between the amount of debt and the expected number of years to repay — the higher the debt, the longer is the expected repayment period.

Relatively few seniors expected to repay their debts immediately after graduation. For the 4 percent who expected to do so, their average debt was less than $500. Those seniors who expected to take 10 years to repay owed an average $70,600, while those who expected to take 20 years to repay owed an average $92,100. At the upper end of the scale, almost 9 percent of seniors expected to take 25 years or more to repay their loans, which averaged just over $100,000.

Almost half the seniors planned to participate in a loan consolidation program.

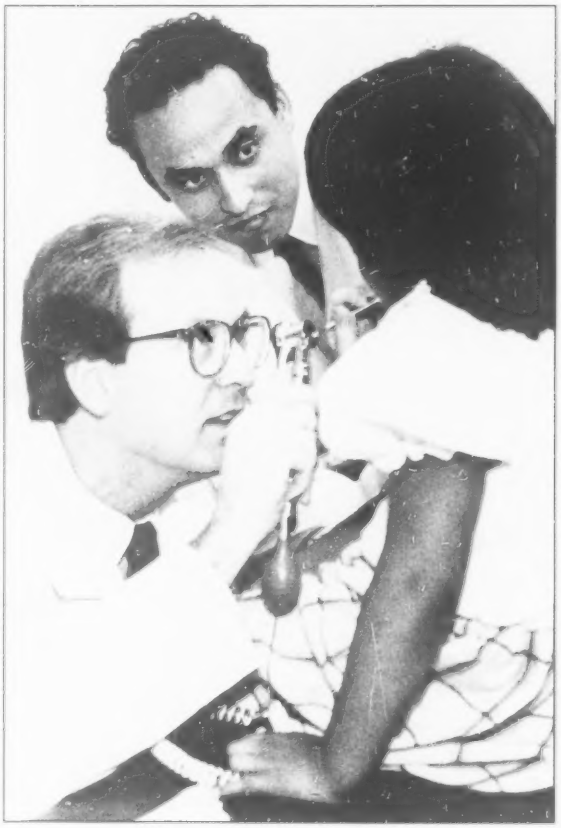


Photo courtesy of Texas College of Osteopathic Medicine

## Financial Counseling

The seniors were about equally divided on the issue of financial counseling. About half felt that they had received enough information from the school regarding the financing of medical education. Forty-four percent said they had received some information, while 6 percent said they received no information. Regardless of the amount of information received, all three of the above groups had essentially similar debt levels at graduation.

Freshmen in 1989 believed they had received somewhat more counseling than the seniors. More than 62 percent of freshmen felt the counseling offered was adequate to answer most of their questions. Only 3 percent reported they had received no counseling.

# II. Postgraduate Plans: Specialty Choice, Expected Income, and Location

## Graduate Training and Expected Earnings

An overwhelming majority (96 percent) of seniors plan to enter a residency after completion of their internship. They expect to earn an average of $25,200 during the first residency year, and expect to spend an average of 3.5 years in residency training programs. Three-quarters of the seniors said that debt was not a factor in their decision to enter a residency program.

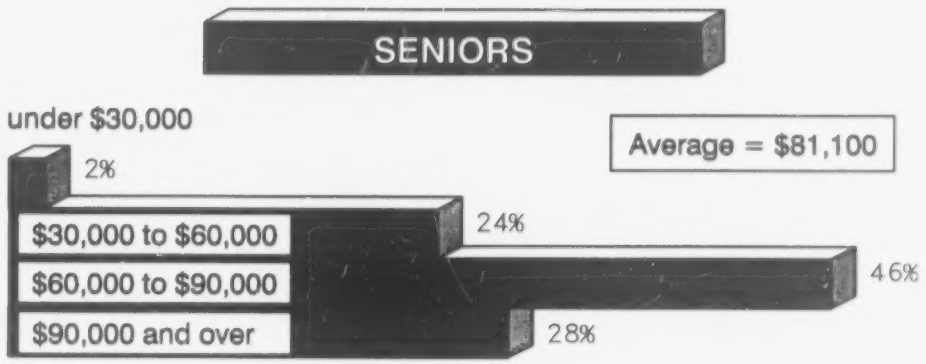
After completing a residency, they expect to earn an average $81,000 during their first year as a practicing osteopathic physician (Chart 5).

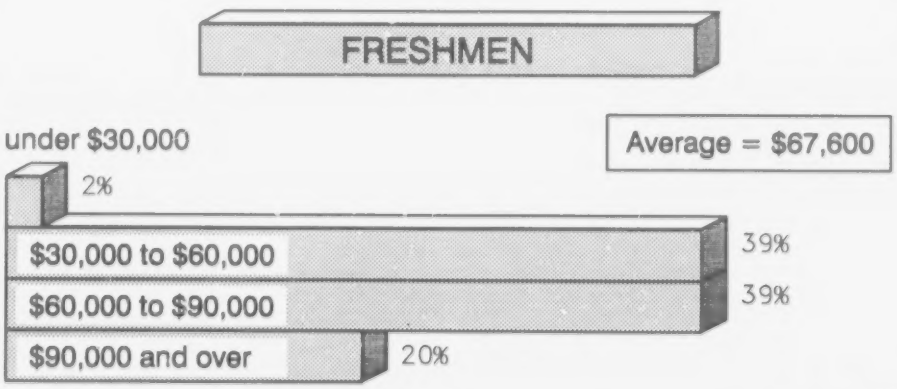
Freshmen had similar plans, but lower income expectations. Their average income during their first year in practice was expected to be $67,600, about 17 percent less than the seniors' expectations.

Photo courtesy of College of Osteopathic Medicine of Oklahoma State University

## Chart 5

### Expected Earnings for First Year in Practice




**Freshmen expect to earn 17% less than seniors during the first year in practice.**

## Location of Internship or Residency

As previously mentioned, practically all seniors expect to enter an internship or residency program after graduation. Michigan is the state most frequently mentioned by seniors as the planned location of graduate training. More than 18 percent of seniors plan to train there. Other states with large numbers of seniors planning graduate training are New York, Ohio, and Texas. In about half the cases, the seniors planned location of graduate training was within 200 miles of their parents' principal residence; more than 38 percent said it was within 200 miles of their osteopathic medical school. The type of areas in which the students intend to practice after completing their graduate training may be subject to a different set of influences. This topic is discussed in a later section of this report.

Most of the seniors in 1990 — as in previous years — said that heavy debt did not affect their choice of location for graduate training. Only 12 percent said that debt considerably influenced this choice, but there was no clear pattern to show where they would have preferred to train.

## Debt, Expected Income, and Specialty Choice

Forty-one percent of seniors in 1989-90 and 39 percent of freshmen expected to specialize in the primary care fields of family practice, general internal medicine, and pediatrics (Chart 6). These percentages are about the same as last year, but down somewhat from prior years. The freshmen also expressed a preference for emergency medicine and general surgery, while many seniors favored anesthesiology and obstetrics/gynecology in addition to general practice and internal medicine.

Health professionals are concerned that the growing debt burden may adversely affect the specialty choice of medical school graduates by forcing them away from primary care specialties — which many observers feel are in short supply — toward more lucrative non-primary care specialties.

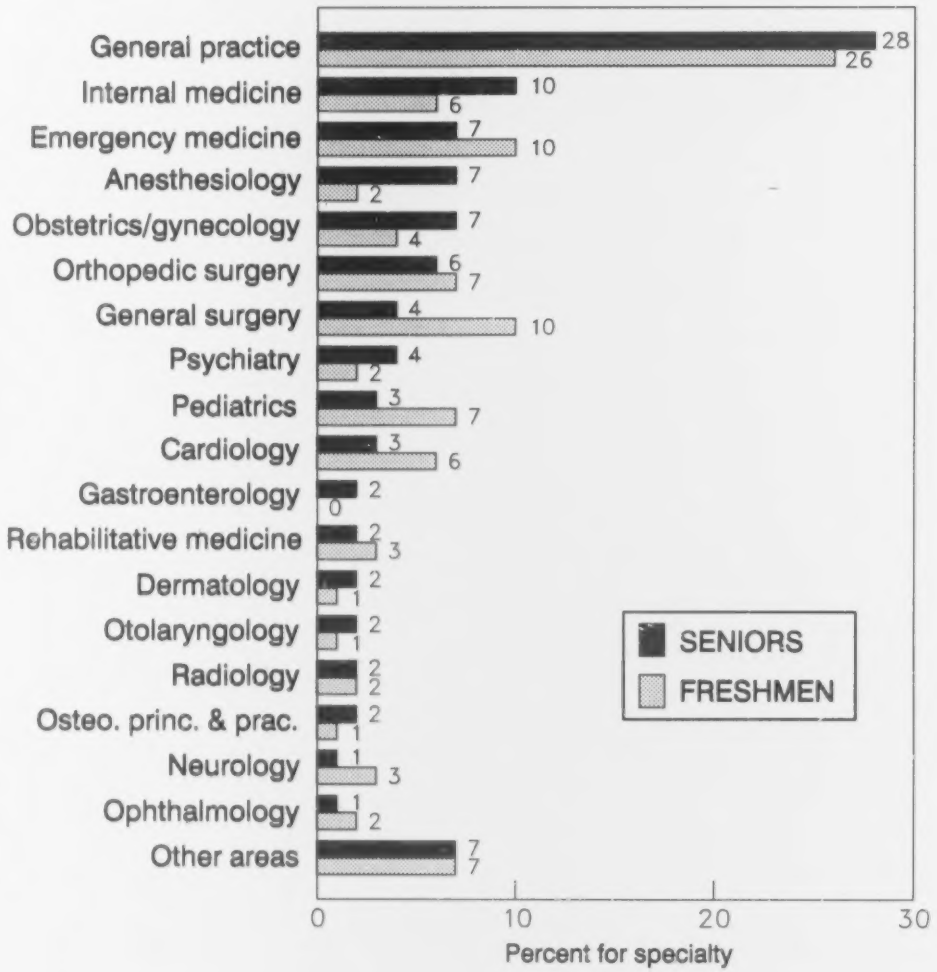
The data from this survey, like those from similar surveys conducted by the Association of American Medical Colleges, present some apparent contradictions. A large majority of seniors said, for example, that a heavy debt load was not a major factor in their specialty choice decision. Yet debt and expected income are among the more important predictors of specialty choice for this group — those with both high debt and high income expectations are more likely than others to choose a non-primary care specialty. Clearly for some, the reality of a heavy financial burden, coupled with an expectation of high income, is pivotal to the question of specialty choice.

Photo courtesy of College of Osteopathic Medicine of the Pacific

## Chart 6

# Specialization

**General practice is the specialty choice of over a quarter of the students.**



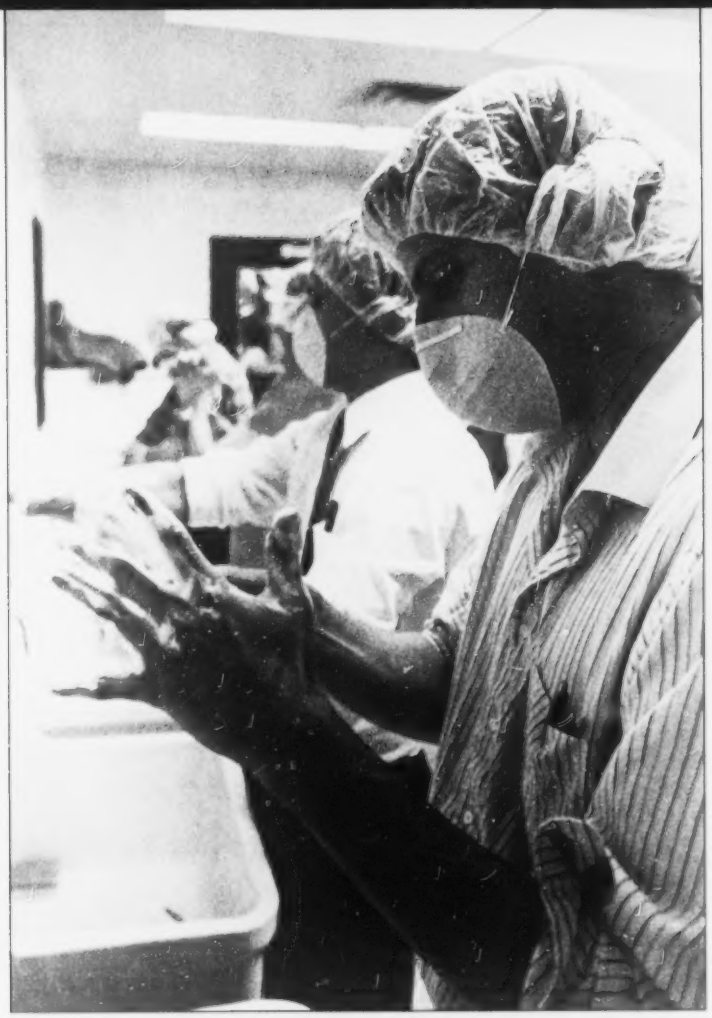


Photo courtesy of University of Osteopathic Medicine and
Health Sciences/College of Osteopathic Medicine and Surgery

When income expectations are taken into account along with debt, some of the contradictory results are resolved. These two financial factors, along with marital status and age, exerted a fair amount of influence on seniors' choice of a primary care or non-primary care specialty. Other potential factors, such as gender and ethnicity, showed no significant influence. The single most important factor appears to be the income that seniors expect to earn during their first year in practice after completing the residency.

The lure of high income is evident in Table 2. Seniors who chose a primary care specialty at graduation expected to earn about $68,000 during their first year in practice, compared to $91,000 for those opting for a non-primary care specialty.

Of course, this result has at least two interpretations: a) they chose a non-primary care specialty in expectation of earning more money, or b) they chose a non-primary care specialty for other reasons, and expect to earn more money simply because non-primary care specialties are more lucrative. The responses to this survey do not tell us which is the proper interpretation. A substantial body of economic theory, however, supports the notion that financial considerations are among the more important factors in career choice decisions.

Table 2 also shows that married seniors chose primary care somewhat more often than single ones, and that the average debt of seniors choosing primary care was less than for those choosing non-primary care. Analysis shows, however, that these factors are only moderately related to the specialty choice decision. The correlation between these factors as a group and specialty choice is only moderately strong, which indicates that many other factors not considered here — such as prestige, lifestyle, abilities, and personal preferences — may also weigh heavily in the decision to choose a primary or non-primary care specialty.

Clearly the issue of specialty choice in medicine deserves further study. The factors affecting this decision are quite complex, and not all have been fully identified in prior research. In particular, the roles that the faculty, curricula, and content of clinical training at each school play in the specialty choice decision have yet to be defined.

**Table 2**
**Factors Influencing Specialty Choice of Seniors in 1990**

| | | Specialty Choice At Graduation | |
|---|---|---|---|
| | Factor | Primary Care[a] | Non-Primary Care |
| 1. | Average expected starting income[b] | $67,900 | $91,500 |
| 2. | Average educational debt at graduation | $70,300 | $73,800 |
| 3. | Marital status | | |
| | Married | 45% | 55% |
| | Not married | 38% | 62% |

[a]Primary care = Family Practice/General Practice, Internal Medicine, and Pediatrics.

[b]Expected income before taxes for first year of practice after residency.

Source: AACOM Debt Survey, 1990.

Photo courtesy of Texas College of Osteopathic Medicine

## Type of Practice Area

Another critical health care issue focuses on the number of physicians available to practice in inner city locations, rural areas and other underserved communities. We asked students to specify the kind of area where they hoped to practice five years after graduation (Chart 7). Thirteen percent of seniors and almost 14 percent of freshmen planned to establish their practice in the central city of a large metropolitan area. Another 8 percent of seniors and 11 percent of freshmen intended to practice in towns of fewer than 10,000 residents.

Seniors appeared to be equally divided between large and small areas. The most frequently cited area by seniors was the large suburban metropolitan area. Sixteen percent of the seniors planned to locate there. But an equal percent planned to locate in small towns of between 10,000 and 50,000 residents, and more than half (53 percent) planned to locate in a city or town rather than a major metropolitan area. Freshmen cited a metropolitan area of 500,000 - 1,000,000 residents most frequently.

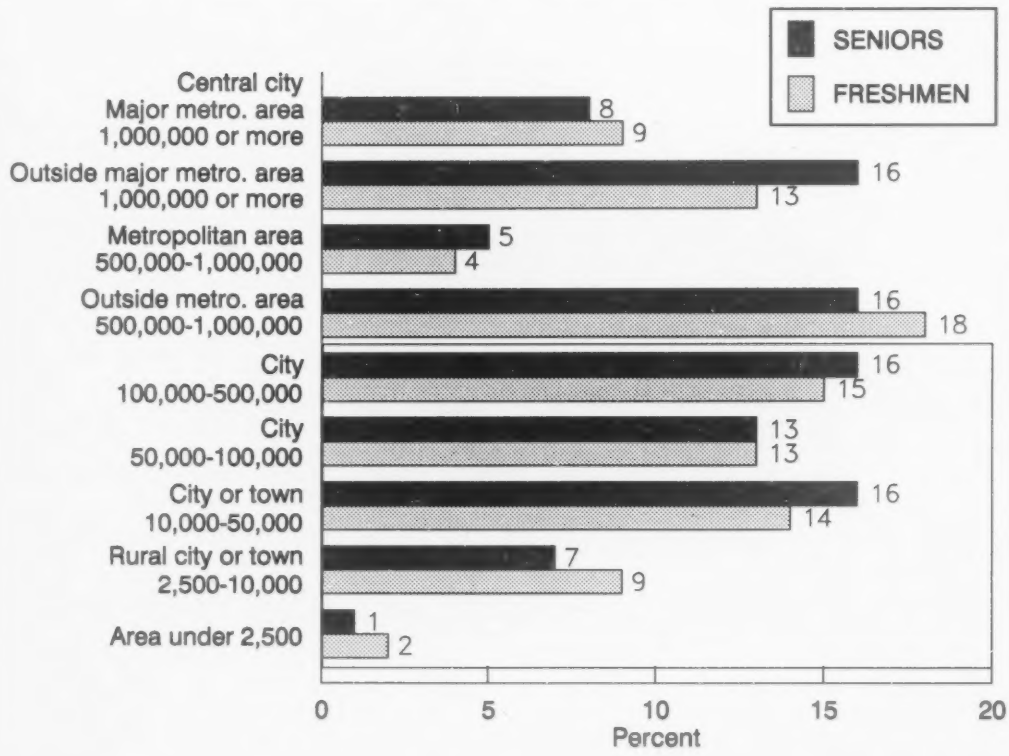
In contrast to the somewhat ambiguous relationship between debt and specialty choice, high debt clearly affected the location decisions of many seniors in 1990. Just about a third of the seniors said that a heavy debt load exerted a slight or considerable influence on their planned location. And two-thirds of those affected by high debt would have preferred to locate in a small city or town of under 100,000.

This survey also reveals a connection between the size of a student's hometown and the size of the area where the student plans to practice. There is a fairly strong tendency for students from small towns, rural areas, and large cities to establish practice in similar areas.

## Chart 7

# Type of Practice Area

**Over 50% of students plan to practice in cities or small towns.**



## III. The Survey

This ninth annual AACOM study of student debts and career plans at the 15 colleges of osteopathic medicine was prepared with the cooperation of school administrators and faculty. It describes the career hopes and plans of these students; plus background information.

The survey was based on random samplings of freshmen and a majority of seniors in each of the schools of osteopathic medicine during the 1989-90 school year. From a class of 1,844 freshmen, 390 reports were reviewed and tabulated, representing 21 percent of the freshmen. The target was 25 percent. A larger sample of the 1,540 seniors was requested and received. Questionnaires were tabulated for 961 seniors, for a 62 percent response rate. No attempt has been made to adjust the data for non-response.

This survey is designed primarily to gather information about the educational debt of freshmen and seniors. For freshmen, the debt data reported here represent the amount estimated to be incurred by the time of graduation. It is, therefore, only a rough estimate of the debt burden they will have upon graduation. For seniors, the data reported here reflect a more accurate estimate of debt at graduation. Unless otherwise noted in the text, the data refer to debts incurred to finance the students' undergraduate college and osteopathic medical education. Consumer debt for cars, clothes, and other personal items is not included.

An attempt has been made to keep the data and format of this report consistent with prior reports. Last year, the average debt figures were calculated by excluding students who had no debt, which results in a higher figure than the average for all students. In this report, average debt figures almost always include those with no debt — which gives a lower, but more comprehensive, figure. For example, this year the average of seniors with some debt was $74,900, while the average of all seniors including those with no debt was $71,500 per student. To make this distinction even clearer, this report often refers to average debt per student as opposed to average of those with debt.

When discussing scholarships and grants, it is often desirable to know the amount per grant rather than the amount per student (which would include students with no grants). Again, the text clearly defines which denominator was used.

The American Association of Colleges of Osteopathic Medicine expresses its appreciation to the osteopathic medical schools, their staff, and students for the assistance they provided to make these surveys possible.

# IV. Publications Available from AACOM

**AACOM Organizational Guide** - the organizational structure of the Association, names and addresses of members of its councils/sections/committees, administrative staff and faculty in the 15 U.S. colleges of osteopathic medicine.

*$9.00*

**Annual Statistical Report** - a compilation of annual trends about the colleges of osteopathic medicine. Presented in tables and charts with accompanying text, the statistical data relate to the characteristics of applicants and matriculants in the osteopathic colleges, faculty, curriculum, sources of grants and loans, and distribution of revenues and expenditures.

*$12.00*

**Application Packet** - an application for the centralized application service, procedures for applying, and materials describing each of the colleges and their fees.

*No charge*

**College Information Booklet** - a brief description of each of the 15 osteopathic medical colleges, admissions criteria, minimum entrance requirements, supplementary application materials required, an indication of class size or enrollment, application deadlines, and tuition.

*Single copies: $1.00*
*25 copies: $12.50*
*100 copies: $37.00*

**Debts and Career Plans of Osteopathic Medical Students** - a detailed survey that examines indebtedness of osteopathic medical students at the 15 osteopathic medical colleges. The characteristics and career plans of students are compared at their entrance to osteopathic medical school and just prior to their graduation.

*$9.00*

**Education of the Osteopathic Physician** - a comprehensive book that provides information about the profession that is essential to the health professions' advisor and the prospective student of osteopathic medicine. Provides admissions criteria and brief overviews of the 15 osteopathic medical schools, information on the educational process (medical school through internship and residency), licensure, practice options, and history and philosophy.

*$8.00*

**Osteopathic Medical Education** - single copies of this brochure on training are free.

*50 copies: $8.50*
*100 copies: $15.00*

**Osteopathic Medical Education: A Handbook for Minority Applicants** - provides summary accounts of the osteopathic profession, pathways to osteopathic education, and the educational and training programs of the osteopathic colleges.

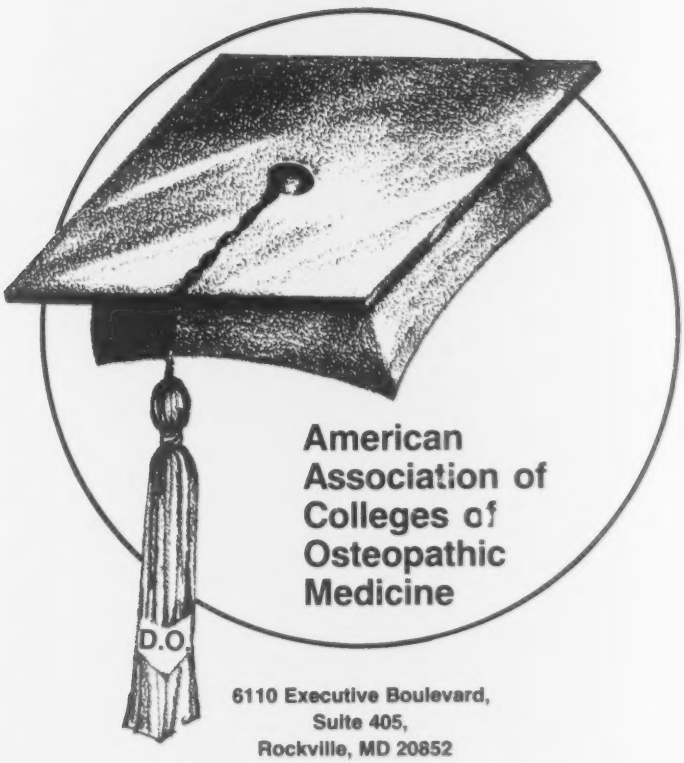
*Single copies: $2.00*
*25 copies: $40.00 100 copies: $125.00*

**Study on Competency-Based Objectives for Undergraduate Osteopathic Medical Education** - minimum clinical competencies expected of a newly graduated osteopathic physician, component elements contributing to those competencies, and timetable for their introduction and/or completion. Competency objectives for medicine, surgery, pediatrics, obstetrics/gynecology, and general and family practice are identified.

*$18.00*

**Selected Sources of Financial Aid for Osteopathic Medical Students** - a brief overview of the range of financial aid sources available to osteopathic medical students and a course guide for people to contact regarding financial aid information.

*Single copies: $7.00*
*25 copies: $140.00*
*50 copies: $210.00*

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